

The Success in Nursing Program

Helping foreign born students
achieve their goals in
nursing education



Kathleen McCullough-Zander, MA, RN, CTN

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Objectives: Success in Nursing Program

The primary barriers identified from the literature for foreign-born students' success in nursing:

1. English language problems
2. Cultural differences
3. Differences in teaching methods
4. Personal issues – multiple barriers including time conflicts, racism, and prejudice, etc.

Objectives of the Success in Nursing Program:

Participants in the program will:

- Learn effective study methods
- Learn strategies to improve their performance on multiple-choice tests
- Learn how to engage in the active learning methods used in nursing education
- Learn strategies to reduce test anxiety
- Learn strategies to improve clinical judgment in patient care
- Learn how European-American culture shapes the nursing profession in the United States
- Build supportive relationships with other foreign-born nursing students

Success in Nursing Program

Program Content

6 hour Immersion Day before school begins

Units:

1. Definitions of health and the role of nurses in multiple cultures including the U. S.
2. Celebration of diversity – the strengths students bring to nursing
3. Time management skills

Weekly semester sessions

Units:

4. Expected role of nursing students – active learning & self-advocacy
5. Understanding multiple-choice questions
6. Effective study methods & identifying preferred learning style
7. Relationship and communication with nursing instructors
8. How to improve English language skills
9. Self-care and reducing test-anxiety
10. Communication with professionals and patients in the clinical setting
11. Clinical judgment
12. Nursing program policies – what to do when the unexpected occurs
13. The basics of writing assignments in nursing
14. The role of women in positions of power in nursing
15. Incivility, prejudice and racism – what is a student to do?
16. Graduate speakers

Success in Nursing Program
Immersion Day Schedule – Before School Begins

9:00	Introduction
9:10	Student Guest speaker
9:20	Icebreaker (20 min)
9:40	Consent & survey (40 min)
10:30	Overview of program & topics (10 min) - PowerPoint
10:40	<i>Break</i>
11:00	Culturally Diverse Graduate speaker: (40 min)
11:40	<i>Lunch</i>
12:30	Unit 1: Definitions of health and the role of nursing (60 min)
1:30	<i>Break</i>
1:45	Unit 2: Celebration of diversity (30 min)
2:15	Unit 3: Time management skills (40 min)

Success in Nursing Program

Learning Activity Plan

Unit I: Icebreaker

Learning outcome: Introductions

Learning activity:

- Students break into pairs
- Discuss one difference and one similarity
- Introduce partner to larger group & state either the similarity or difference

Time for learning activity: 20 minutes

Time for debriefing: N/A

Resources needed: None

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Units 1-3: Success in Nursing Program Overview

WRITTEN BY KATHLEEN MCCULLOUGH-ZANDER, MA, RN, CTN

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Primary barriers for foreign-born

- ▶ English language problems
- ▶ Cultural differences
- ▶ Differences in teaching methods
- ▶ Personal issues – multiple barriers such as time conflicts, racism & prejudice, etc.

Program objectives

Participants in the program will:

- ▶ Learn effective study methods
- ▶ Learn strategies to improve performance on multiple-choice tests
- ▶ Learn how to engage in the active learning methods used in nursing
- ▶ Learn strategies to reduce test anxiety
- ▶ Learn strategies to improve clinical judgment in patient care
- ▶ Learn how European-American culture shapes the nursing profession in the U.S.

Program content

Today:

- ▶ Unit 1 - Definitions of health and the role of nurses in multiple cultures including the U.S.
- ▶ Unit 2 - Celebration of diversity – the strengths students bring to nursing
- ▶ Unit 3 - Time management skills

Program content

During the fall semester:

- ▶ **Unit 4 - Expected role of nursing students – active learning & self-advocacy**
- ▶ **Unit 5 - Understanding multiple-choice questions**
- ▶ **Unit 6 - Effective study methods & identifying preferred learning style**

Program content

- ▶ **Unit 7 - Relationship and communication with nursing instructors**
- ▶ **Unit 8 - How to improve English language skills**
- ▶ **Unit 9 - Reducing test anxiety & self-care – developing a wellness plan**
- ▶ **Unit 10 - Expectations of communication with professionals and patients in the clinical setting**

Program content

- ▶ **Unit 11 - Critical thinking in patient care**
- ▶ **Unit 12 - Nursing program policies – what to do when the unexpected occurs**
- ▶ **Unit 13 - The basics of writing assignments in nursing**
- ▶ **Unit 14 - The roles of women in positions of power in nursing**
- ▶ **Unit 15 - Incivility, prejudice and racism – what is a student to do?**
- ▶ **Unit 16 - Graduate speakers**

Success in Nursing Program

Learning Activity Plan

Unit 1: Definitions of health and the role of nursing

Learning outcome:

Participants will be able to:

- Identify the definitions of health in students' individual or cultural worldviews
- Compare and contrast with the definitions of health in U.S. (in nursing and biomedicine)
- List the roles of the nurse in students' countries of origin
- Compare and contrast with the role of the nurse in the U.S.

Learning activity:

- Students to form groups of 3
- Groups will discuss and write down concepts of health from individual and/or cultural view
- Summarize in larger group and add to word document projected on screen
- Compare with concepts of health in U.S. and biomedicine already listed on word document

-
- Students to form *different* groups of 3
 - Groups will discuss and write down the role of the nurse in country of origin
 - Summarize in larger group and add to word document projected on screen
 - Compare with the role of the nurse in U.S. already listed on word document

Time for learning activity: 55 minutes

Time for debriefing: 5 minutes

Resources needed:

- Paper and pencils for groups
- Two word documents to compare and contrast. Documents will have the U.S. & biomedical definitions of health and the role of the nurse already listed [on flash drive].

Role of the Nurse

In other cultures	In the U.S.
	<p>Complete tasks in collaboration with medicine</p> <p>Assessment of patients, families or groups</p> <p>Problem solving</p> <p>Keeping patients safe</p> <p>Independent nursing activities</p> <p>Utilizing research in practice</p> <p>Assisting patients with activities of daily life</p> <p>Teaching</p> <p>Participating in health care teams</p> <p>Using healthcare technology</p> <p>Developing nursing plan of care</p>

Concepts of Health

Other cultures	U.S. biomedical	U.S. nursing
	<p>Health is the absence of disease</p> <p>Body as a machine (fix or repair broken or diseased parts)</p> <p>Understand the whole by knowing the parts</p> <p>Body, mind and spirit are separate; focus on treating body</p> <p>Health is having full physical function</p> <p>Free of pain</p> <p>Feeling full of energy</p>	<p>Individually defined</p> <p>Health is a sense of well-being, harmony, and unity</p> <p>Balance in one's life</p> <p>Includes physical, mental, social & spiritual aspects (all equally important)</p>

Success in Nursing Program

Learning Activity Plan

Unit 2: Celebration of diversity – the strengths students bring to nursing

Learning outcome:

Participants will be able to:

- Recognize and value individual and cultural strengths that apply to nursing
- Utilize the identified strengths to contribute to academic success

Learning activity:

- Have students write down their cultural strengths on an index card
- Have students write down their individual strengths on another index card
- In large group - identify the cultural strengths that students bring to nursing. Celebrate these! [Drumming music]
- In large group - discuss ways to utilize personal strengths to contribute to academic success

Time for learning activity: 20 minutes

Time for debriefing: 10 minutes

Resources needed:

- Index cards
- Pencils and pens
- Drumming music

Success in Nursing Program

Learning Activity Plan

Unit 3: Time management skills

Learning outcome:

Participants will be able to:

- Complete a personalized study scheduling tool
- Begin to develop an organizational plan for the upcoming academic semester

Learning activity:

- PowerPoint presentation on time management organization skills
- Students will begin completing a study scheduling tool

Time for learning activity: 35 minutes

Time for debriefing: 5 minutes

Resources needed:

- PowerPoint presentation
- Paper copies of the Study Scheduling Tool

Study Scheduling Tool

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00-8:00 am							
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00 pm							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
6:00-7:00							
7:00-8:00							
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00 am							
1:00-2:00							
How many hours each day do you have left to study?							

Unit 3: Plan to be Successful Time Management Skills

Written by Kathleen McCullough-Zander, MA, RN, CTN

Studying nursing

- Suggested: need 3 hours of study for every 1 hour of class
- English learners may need to multiply this three times!
- You will need much more time to study nursing than other college classes you have had

You need to examine

- Hours of work per week
- Family responsibilities
- How much sleep you need
- Commuting time to school & work
- How much time do you have for study?

Developing an organization plan

- A key to success
- Look at the syllabus – understand the total amount of work needed for each class
- Month-at-a-glance calendars
- Weekly calendar – prioritize!

Suggested tips

- Have blocks of time planned for study
- Plan for periods of un-interrupted study
- Do the most difficult things first
- Need to sleep, eat well (↓ sugar), & exercise
- Start early on big projects

Success in Nursing Program

Learning Activity Plan

Unit 4: Expected role of nursing students – active learning & self-advocacy

Learning outcome:

Participants will be able to:

- Identify at least three active learning principles
- State two examples of self-advocacy

Learning activity:

- Social interaction
- Participants will read the handout on Learner-Centered Principles
- Participants will discuss and complete the quiz in small groups
- Micro-lecture debriefing on Unit 4

Time for learning activity:

- 15 minutes for social interaction
- 15 minutes to read the handout
- 15 – 20 minutes to discuss and complete quiz

Time for debriefing: 10 minutes

Resources needed:

- Copies of Learner-Centered Principles reading, quiz and quiz answer key for students
- Unit 4 PowerPoint

Learner-Centered Principles

A set of *Learner-Centered Principles for Training* (Ellis, Wagner, & Longmire, 1999) were created to help with the learning process. They are based on the work of Barbara McCombs (1992):

- Learning does not occur in a vacuum. Learners discover and construct meaning from information and experience based on their unique perceptions, thoughts and feelings.
- More information doesn't necessarily mean more learning. Learners seek to create meaningful uses of knowledge regardless of the quantity and quality information presented.
- Learners link new knowledge to existing information in ways that make sense to them. The remembering of new knowledge is facilitated when it can be tied to a learner's current knowledge.
- Personality influences learning. Learners have varying degrees of self-confidence and differ in the clarity of their personal goals and expectations for success and failure.
- Learners want to learn. Individuals are naturally curious and enjoy learning, but personal insecurity and fear of failure often get in the way.
- Learners like challenges and are most creative when it is challenging and meets their individual needs.
- Learners are individuals. Not all learners are at the same stage of physical, intellectual, emotional, and social development. Learners also differ in their cultural backgrounds. Although the basic principles of learning apply to all learners regardless of these differences, trainers must take into account such differences between learners.
- The learning environment is important. Learners learn best in a friendly, socially interactive and diverse environment.
- Learners like positive reinforcement. Learning environments that support the self-esteem and respect of the individual learner tend to be more successful.
- Past experience matters. Personal beliefs and impressions from prior learning color the learners' world views and their approach to learning.

McCombs, B. L. (1992). *Learner-centered psychological principles: Guidelines for school redesign and reform*. Washington, D.C.: American Psychological Association and the Mid-Continent Regional Education Laboratory.

Learner-Centered Principles Quiz

1. Learners construct meaning from
 - a. information
 - b. information and personal experience
 - c. feelings only
 - d. lecture notes

2. The more information a learner has on a topic, the better he or she is able to create meaning.
 - a. true
 - b. false

3. Which of the following concepts does NOT vary among learners?
 - a. amount of self-confidence
 - b. clarity of personal goals
 - c. expectations for success
 - d. cost of the class

4. What can interfere with a student's learning?
 - a. personal insecurity
 - b. fear of failure
 - c. both personal insecurity and fear of failure
 - d. none of the above

5. Learners are at different stages in which of the following areas?
 - a. physical development
 - b. emotional development
 - c. social development
 - d. all of the above answers

Learner-Centered Principles Quiz (Answer Key)

1. Learners construct meaning from
 - a. information
 - *b. information and personal experience
 - c. feelings only
 - d. lecture notes

2. The more information a learner has on a topic, the better he or she is able to create meaning.
 - a. true
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4. What can interfere with a student's learning?
 - a. personal insecurity
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 - *c. both personal insecurity and fear of failure
 - d. none of the above

5. Learners are at different stages in which of the following areas?
 - a. physical development
 - b. emotional development
 - c. social development
 - *d. all of the above answers

Unit 4: Active Learning & Self-Advocacy

Active learning

- You just did active learning
- Learning by doing-(reading, writing, discussing or problem-solving and not just listening)
- Responsibility for learning is on the learner

Why use active learning?

- During the first 10 minutes of a lecture, students remember about 70% of the information
- During the last 10 minutes of a lecture, they remember less than 20% (McKeachie, 1986)
- Passive learning is not retained

Active learning in nursing

- Memorization of facts is not enough
- Students need the higher level skills of analysis and synthesis
- Need to apply information in caring for patients

Successful nursing students

- Do all the reading prior to class and be ready to apply the information
- Student responsible for own learning - must seek out information, ask questions, figure out where to find answers
- Student must seek help if not doing well

Success in Nursing Program

Learning Activity Plan

Unit 5: Understanding multiple-choice questions

Learning outcome:

Participants will be able to:

- Identify at least two levels of knowledge.
- Explain why testing in nursing is at a higher level of knowledge than testing in previous classes.
- Apply the strategy for multiple-choice questions

Learning activity:

- Social interaction
- Micro-lecture PowerPoint
- In the large group using clickers, utilize the strategy for multiple-choice questions to answer questions in the PowerPoint.
- Discussion of rationale for correct answers

Time for learning activity:

- 15 minutes for social interaction
- 15- 20 minutes for the micro-lecture
- 20 minutes to examine and answer multiple-choice questions

Time for debriefing: 3-5 minutes

Resources needed:

- Unit 5 PowerPoint developed with clicker Turning Point software
- Clickers
- Turning Point software must also be loaded onto the classroom computer
- Strategy for multiple-choice questions handouts
- Test analysis handout

Strategy for Multiple-Choice Questions

- Identify the key concepts in the stem – underline them
- Identify who is the central person in the question
- Put the question into your own words
- Think of the answer in your mind!
- Read all four answers
- Immediately cross out the answers you know are wrong
- You are usually left with two answers to choose from
- Which one is closest to the answer you had in mind?

Test Analysis

Class:

Exam #

Date:

Analysis of errors	Record number of times
<i>Stem</i>	
Missed key concepts	
Misidentified the central person in a question	
Not able to understand the question	
Did not understand the information on this topic in class or reading	
Added information into the stem	
<i>Answers</i>	
Did not read all four answers	
Added information into the answers	
Knew the right answer but marked the wrong one	
Did not understand one of the answer statements	
<i>Personal Performance</i>	Comments
I finished the exam with time left to review it?	
I was able to focus without distraction?	
I felt calm and relaxed during the exam?	
When I changed answers did I get most of them right?	
What topic areas were most of the wrong answers in?	
Was there something in my personal life that interfered with my performance on this exam?	

Unit 5: Understanding Multiple-Choice Questions

Written by Kathleen McCullough-Zander, MA, RN, CTN

Levels of knowledge

- Knowledge - remember information (memorization)
- Comprehension - understanding the meaning of information
- Application - use information in a particular situation
- Analysis - finding the commonalities, differences and connections in information, data and concepts

Test questions in nursing

- Usually at the level of application or analysis
- Need to apply more than one fact or concept to a situation
- There may be more than one *right* answer: need to select the *best* answer

Parts of a multiple-choice question

What is the primary purpose of leg exercises after abdominal surgery?

1. Promote venous return
2. Prevent muscle atrophy
3. Increase muscle strength
4. Limit disabling contractures

Stem

Correct answer

Distractor

Distractor

Distractor

Alternative format questions

- Matching
- Multiple answers - select all that apply
- Fill in the blank
- Ranking
- Mark a part on a picture

Strategy for multiple-choice questions

- Identify the key concepts in the stem - underline them
- Identify who is the central person in the question
- Put the question into your own words
- Think of the answer in your mind!
- Read all four answers
- Immediately cross out the answers you know are wrong
- You are usually left with two answers to choose from
- Which one is closest to the answer you had in mind?

Tips for success

- Do not *add* additional information into the stem or answers
- Be sure to notice specific words such as “always, never, all, none”
- Use time wisely - skip a difficult question and come back later
- Cover the answers while you analyze the stem
- Wear earplugs if distracted by noise
- Be sure to fill in the correct circle on scanform
- 55.3% of the time students gain a point when changing an answer

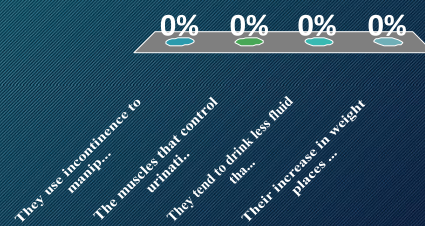
(Jordan & Johnson, 1990)

Test analysis

- Test analysis helps you to improve skills in studying and test taking
- It provides you with feedback to improve
- It is “thinking about your thinking”
- Make copies of handout to use in test review
- You are looking for patterns!

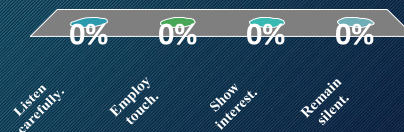
What is the most common reason why older adults become incontinent of urine?

- A. They use incontinence to manipulate others.
- B. The muscles that control urination become weak.
- C. They tend to drink less fluid than younger patients.
- D. Their increase in weight places pressure on the bladder.



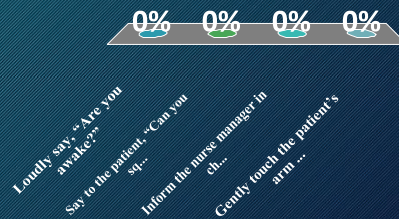
To best understand what a patient is saying, the nurse should:

- A. Listen carefully.
- B. Employ touch.
- C. Show interest.
- D. Remain silent.



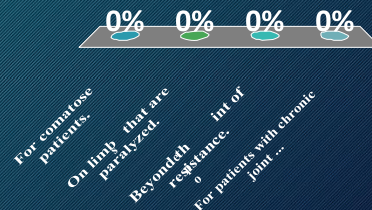
What should the nurse do when a patient appears to be asleep but does not react when called by name?

- A. Loudly say, "Are you awake?"
- B. Say to the patient, "Can you squeeze my hand?"
- C. Inform the nurse manager in charge immediately.
- D. Gently touch the patient's arm while saying the patient's name.



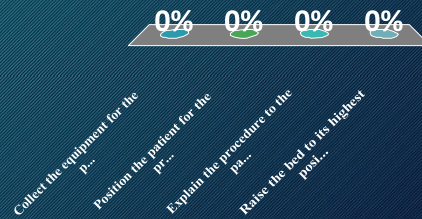
The nurse determines that range-of-motion (ROM) exercises should NOT be done:

- A. For comatose patients.
- B. On limbs that are paralyzed.
- C. Beyond the point of resistance.
- D. For patients with chronic joint disease.



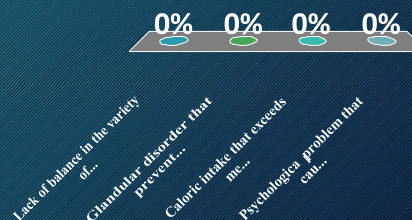
Before performing a procedure, what should the nurse do first?

- A. Collect the equipment for the procedure.
- B. Position the patient for the procedure.
- C. Explain the procedure to the patient.
- D. Raise the bed to its highest position.



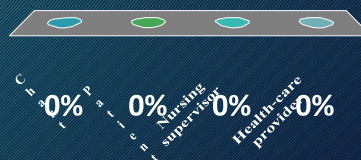
The nurse understands that the primary etiology of obesity is:

- A. Lack of balance in the variety of nutrients.
- B. Glandular disorder that prevents weight loss,
- C. Caloric intake that exceeds metabolic needs.
- D. Psychological problem that causes overeating.



Which is a primary source for obtaining information related to the independent functions of a nurse?

- A. Chart
- B. Patient
- C. Nursing supervisor
- D. Health-care provider



You all get an “A” on this examination!

Success in Nursing Program

Learning Activity Plan

Unit 6: Effective study methods & identifying preferred learning style

Learning outcome:

Participants will be able to:

- Identify personal learning style.
- Modify study methods according to primary learning style.

Learning activity:

- Social interaction
- Complete an online Learning Style Inventory using classroom computers
- Large group discussion on modifying study methods for different learning styles

Time for learning activity:

- 15 minutes for social interaction
- 30-35 minutes to complete Learning Style Inventory
- 15 minutes for large group discussion

Time for debriefing: Part of large group discussion

Resources needed:

- Classroom computers
- Learning Style Inventory at: www.personal.psu/bxb11/LSI/LSI.htm

Success in Nursing Program

Learning Activity Plan

Unit 7: Relationship and communication with nursing instructors

Learning outcome:

Participants will be able to:

- Compare and contrast the relationship between students and teachers in countries of origin with the U.S.
- Initiate communication with U.S. nursing instructors in a culturally appropriate manner.

Learning activity:

- Social interaction
- Students will form groups of 3 or 4
- Groups will discuss and write down descriptions of the relationship between students and teachers in their countries of origin. This includes expected roles and communication.
- Summarize the discussion in the larger group and add to the word document projected on screen.
- Demonstration of e-mail & telephone communication standards in nursing education

Time for learning activity:

- 15 minutes for social interaction
- Small group discussion - 20 minutes
- Large group discussion - 10 minutes
- Demonstration – 10 minutes

Time for debriefing: 5 minutes

Resources needed:

- Paper and pencils for groups
- Word document for discussion
- MCTC e-mail projected on-screen

Relationship between Students & Teachers

<p>In other cultures:</p>	<p>In the U.S. More informal Expect students to seek help if not doing well Expect students to let teacher know about personal problems that interfere with success in school Teacher facilitates learning – student responsibility to learn Expect students to be punctual Expect students to do their own work Expect students to seek out learning opportunities</p>
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Success in Nursing Program

Learning Activity Plan

Unit 8: How to improve English language skills

Learning outcome:

Participants will be able to:

- State basic concepts of language learning.
- Determine their own level of English language acculturation.
- Develop a plan to increase English language skills

Learning activity:

- Social interaction
- PowerPoint micro-lecture on the concepts of language learning
- Students will complete the English Language Acculturation Scale (ELAS) quiz
- PowerPoint with strategies to increase English language skills

Time for learning activity:

- 15 minutes for social interaction
- Micro-lecture – 10 minutes
- Students to complete the ELAS – 15 minutes
- Scoring the ELAS – 3 minutes
- PowerPoint with strategies – 17 minutes

Time for debriefing: Included in above

Resources needed:

- Paper copies of the ELAS
- Unit 8 PowerPoint

English Language Acculturation Scale (ELAS) Quiz

Please check the response to each question that corresponds to the most accurate statement for you.

In general, what language do you read?

- 1. Only non-English language(s)
- 2. More non-English than English
- 3. Both non-English and English equally
- 4. More English than non-English
- 5. Only English

In general, what language do you speak?

- 1. Only non-English language(s)
- 2. More non-English than English
- 3. Both non-English and English equally
- 4. More English than non-English
- 5. Only English

What language do you usually speak at home?

- 1. Only non-English language(s)
- 2. More non-English than English
- 3. Both non-English and English equally
- 4. More English than non-English
- 5. Only English

In what language do you usually think?

- 1. Only non-English language(s)
- 2. More non-English than English
- 3. Both non-English and English equally
- 4. More English than non-English
- 5. Only English

What language do you usually speak with your friends?

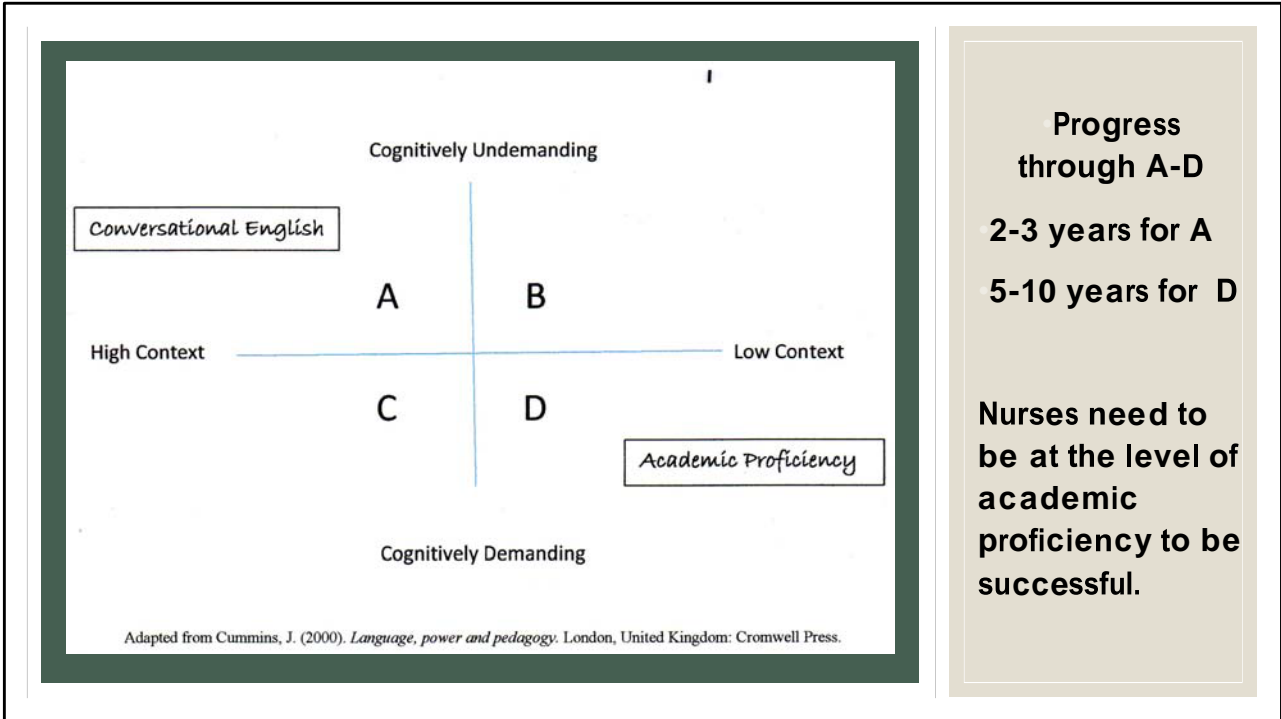
- 1. Only non-English language(s)
- 2. More non-English than English
- 3. Both non-English and English equally
- 4. More English than non-English
- 5. Only English

Salamonson, Y., Attwood, N., Everett, B., Weaver, R. & Glew, P. (2013). Psychometric testing of the English Language Acculturation Scale in first-year nursing students. *Journal of Advanced Nursing* 69(10), 2309-2316.



Language learning

- Nursing requires high levels of English proficiency in:
 - speaking
 - reading
 - listening
 - writing
- Nurses use different types of English:
 - conversational
 - academic
 - medical



Progress through A-D

2-3 years for A

5-10 years for D

Nurses need to be at the level of academic proficiency to be successful.



Grading the ELAS quiz

- Average all the answers for your score
- Low English proficiency: 0-4
- Medium English proficiency: 4-4.75
- High English proficiency: 4.76-5

Strategies to improve English skills

- Explain the nursing concepts to someone in your own primary language
- Draw a concept map of the content you need to learn
- Tape record any lectures or discussion, then transcribe into your language
- Make a vocabulary notebook or cards
- Have *mixed* study groups including native English speakers

Strategies to improve English skills Continued...

- Use study guides and practice test questions
- Continue taking English writing classes
- Use the Learning Center with written assignments
- If you have a strong accent – classes in accent reduction

Success in Nursing Program

Learning Activity Plan

Unit 9: Self-care & reducing test anxiety

Learning outcome:

Participants will be able to:

- Explain the effects of stress on the body, mind and spirit
- List three stress reduction techniques
- Experience a guided relaxation & meditation exercise

Learning activity:

- Social interaction
- Participate in standing and sitting yoga postures and breathing
- Micro-lecture
- Guided relaxation & meditation

Time for learning activity:

- Social interaction – 15 minutes
- Yoga – 10 minutes
- Micro-lecture – 15 minutes
- Guided relaxation & meditation – 15 minutes

Time for debriefing: 5 minutes

Resources needed:

- CD of relaxing music
- Unit 9 PowerPoint

Unit 9: Self-care and reducing test anxiety

Written by Kathleen McCullough-Zander, MA, RN, CTN

Stress

- Body's way of reacting to a challenge or threat
- Health care providers have higher levels of stress than other workers
- Nurses have higher levels than other health care providers
- Stressors for nursing students:
 1. academic stress (tests, fear of failure)
 2. clinical stress (fear of harming a patient)
 3. personal/social stress (financial, family)

Effects of stress

- ↑ heart rate and blood pressure
- ↑ muscle tension
- ↑ anxiety
- ↓ immune function
- ↓ memory and thinking
- Etc.

Negative coping mechanisms

- Eating junk food – especially sugar
- Smoking
- Drinking
- Drug use
- Inactivity

Nurses need to be role-models in primary prevention & health promotion

Healthy stress reduction techniques

- Healthy diet – reduce sugar and excess caffeine
- Adequate sleep
- Music
- Prayer
- Breathing exercises
- Guided relaxation
- Massage
- Yoga
- Meditation
- Laughter
- Exercise, exercise, exercise!

Meditation

- Lowers stress
- Strengthens the immune system
- Appears to lengthen life span
- Used for centuries in many, many cultures

It's not the stress in your life -

It's how you deal with the
stress!

Success in Nursing Program

Learning Activity Plan

Unit 10: Communication with professionals and patients in the clinical setting

Learning outcome:

Participants will be able to:

- List two concepts applicable to communication with patients in the clinical setting
- Use the SBAR tools during role play

Learning activity:

- Social interaction
- Micro-lecture
- Role-play in small groups

Time for learning activity:

- Social interaction – 15 minutes
- Micro-lecture - 10 minutes
- Role-play – 30 minutes

Time for debriefing: 5 minutes

Resources needed:

- Paper copies of SBAR for Shift Report & SBAR Communication with Physicians tools
- Role-play case scenarios for groups

Unit 10: Communication with professionals and patients in the clinical setting

Written by Kathleen McCullough-Zander, MA, RN, CTN

Three types of English used in the clinical setting

- Academic or professional English - professionals
- American medical language - professionals
- Conversational English – professionals & patients

Communication with patients

- Therapeutic communication techniques based on Euro-American culture
- Need to match the patient's cultural communication patterns:
 - volume of speaking
 - use of eye contact
 - slang words – may not be appropriate for nurse to use
 - direct or indirect style of speaking

Communication with professionals

- SBAR tools
- OK to say "I don't know" or "I don't understand"
- Ask questions if you do not understand!
- Assertive style of speaking:
 - speaking what you know & think (not with anger or demands)
 - practice with the SBAR tools (tape record and listen to it)

Your patient today, Mr. Washington, is a 30 year old African American man who was born and raised in the U.S. You need to provide him with pre-operative teaching for abdominal surgery. He speaks more directly and loudly than most people do in your culture.

Your patient, Mrs. Smith, had knee replacement surgery today at 0700. On your shift, Mrs. Smith has had stable vital signs, the dressing has been dry & intact, and she has been taking fluids without any nausea. She has a PCA pump with narcotics infusing as ordered, but she is still complaining of pain at a level 10 (1-10 scale). It is now 1500 and you need to provide shift report to the evening nurse.

Your patient, Mr. Jones is in the hospital to determine the cause of his abdominal pain. Mr. Jones is 51 years old and has diabetes. Mr. Jones says that eating increases his pain, therefore he has not eaten anything today. You are concerned because Mr. Jones received his normal dose of insulin this morning. It is now 1300 and Mr. Jones' accucheck blood sugar is 40. Mr. Jones' skin is diaphoretic, his blood pressure is low and he is slightly confused. Please call Mr. Jones's physician, Dr. Young, and report what is occurring with the patient.

Your patient today, Mr. Washington, is a 30 year old African American man who was born and raised in the U.S. You need to provide him with pre-operative teaching for abdominal surgery. He speaks more directly and loudly than most people do in your culture.

Your patient, Mrs. Smith, had knee replacement surgery today at 0700. On your shift, Mrs. Smith has had stable vital signs, the dressing has been dry & intact, and she has been taking fluids without any nausea. She has a PCA pump with narcotics infusing as ordered, but she is still complaining of pain at a level 10 (1-10 scale). It is now 1500 and you need to provide shift report to the evening nurse.

Your patient, Mr. Jones is in the hospital to determine the cause of his abdominal pain. Mr. Jones is 51 years old and has diabetes. Mr. Jones says that eating increases his pain, therefore he has not eaten anything today. You are concerned because Mr. Jones received his normal dose of insulin this morning. It is now 1300 and Mr. Jones' accucheck blood sugar is 40. Mr. Jones' skin is diaphoretic, his blood pressure is low and he is slightly confused. Please call Mr. Jones's physician, Dr. Young, and report what is occurring with the patient.

SBAR Communication with Physician

Situation:

- Identify yourself & the site/unit you are calling from
- Identify the patient by name and the reason for your report
- Describe your concern

Firstly, describe the specific situation about which you are calling, including the patient's name, consultant, patient location, code status, and vital signs. An example of a script would be:

"This is Lou, a registered nurse on Nightingale Ward. The reason I'm calling is that Mrs. Taylor in room 225 has become suddenly short of breath, her oxygen saturation has dropped to 88 per cent on room air, her respiration rate is 24 per minute, her heart rate is 110 and her blood pressure is 85/50. We have placed her on 6 liters of oxygen and her saturation is 93 per cent, her work of breathing is increased, she is anxious, her breath sounds are clear throughout and her respiratory rate remains greater than 20. She has a full code status."

Background:

- Give the patient's reason for admission
- Explain significant medical history
- You then inform the consultant of the patient's background: admitting diagnosis, date of admission, prior procedures, current medications, allergies, pertinent laboratory results and other relevant diagnostic results. For this, you need to have collected information from the patient's chart, flow sheets and progress notes. For example:

"Mrs. Smith is a 69-year-old woman who was admitted ten days ago, following a MVC, with a T 5 burst fracture and a T 6 ASIA B SCI. She had T 3-T 7 instrumentation and fusion nine days ago, her only complication was a right hemothorax for which a chest tube was put in place. The tube was removed five days ago and her CXR has shown significant improvement. She has been walking with PT and has been progressing well. Her hemoglobin is 100 gm/L; otherwise her blood work is within normal limits. She has been on Enoxaparin for DVT prophylaxis and Oxycodone for pain management."

Assessment:

- Vital signs
- Contraction pattern
- Clinical impressions, concerns

You need to think critically when informing the doctor of your assessment of the situation. This means that you have considered what might be the underlying reason for your patient's condition. Not only have you reviewed your findings from your assessment, you have also consolidated these with other objective indicators, such as laboratory results.

If you do not have an assessment, you may say:

*"I think she may have had a pulmonary embolus."
"I'm not sure what the problem is, but I am worried."*

(Continued on next page)

Recommendation:

- Explain what you need - be specific about request and time frame
- Make suggestions
- Clarify expectations

Finally, what is your recommendation? That is, what would you like to happen by the end of the conversation with the physician? Any order that is given on the phone needs to be repeated back to ensure accuracy.

"Would you like me to get a stat CXR? ABGs? Start an IV?"

"Should I begin organizing a spiral CT?"

"When are you going to be able to get here?"

SBAR for Shift Report

Situation _____

Patient's name: _____ Room number: _____ Age: _____ Sex: _____

Diagnosis: _____

Background _____

History: _____

Allergies: _____

Attending MD: _____

Consults: _____

Assessment _____

Current vital signs: _____

Heart rhythm: _____ Lung sounds: _____ Oxygen rate: _____

Skin: _____ IV site: _____ IV site change date: _____

Dressings: _____ Last BM: _____ Foley: _____

Activity: _____ Diet: _____ Drains: _____ Fall risk: _____

Recommendations _____

Current labs: _____

Pending labs: _____

Awaiting procedures: _____

Nursing concerns: _____

Success in Nursing Program

Learning Activity Plan

Unit 11: Clinical judgment

Learning outcome:

Participants will be able to:

- List two reasoning patterns used by nurses in making clinical decisions
- Apply a clinical judgment rubric to a high-fidelity lab simulation

Learning activity:

- Social interaction
- Micro-lecture on Model of Clinical Judgment
- View a lab simulation streamed into the classroom
- Debrief the simulation with the use of a rubric tool

Time for learning activity:

- Social interaction – 15 minutes
- Micro-lecture – 10 minutes
- Lab simulation – 20 minutes

Time for debriefing: 15 minutes

Resources needed:

- Unit 11 PowerPoint
- Paper copies of the Lasater Clinical Judgment Rubric tool
- Collaborate with Sim lab faculty to set-up and run simulation

PowerPoint for Unit 11: Clinical judgment

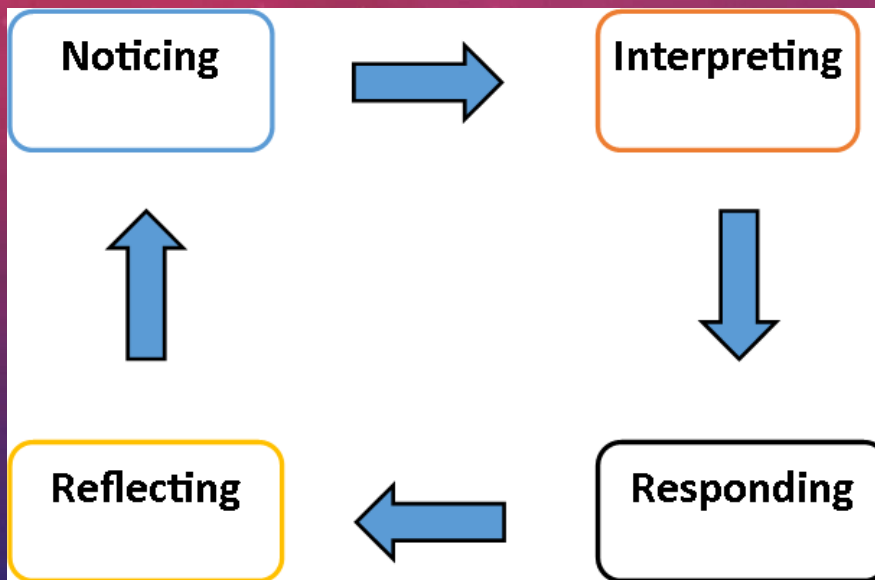
UNIT 11: CLINICAL JUDGMENT

WRITTEN BY KATHLEEN MCCULLOUGH-ZANDER, MA, RN, CTN

CLINICAL JUDGMENT

- “The ways that nurses understand a patient’s problems or concerns and respond to them appropriately.”

TANNER'S MODEL OF CLINICAL JUDGMENT



FOUR PHASES OF CLINICAL JUDGMENT

1. Noticing – identifying the situation
2. Interpreting – understanding the situation
3. Responding – plan of action
4. Reflecting – reviewing the process

Tanner, C.A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45 (6), 204-211.

NOTICING INFLUENCED BY:

- Context (setting)
- Nurse's experience
- Nurse's knowledge base
- Nurse's ethical perspective
- Nurse's relationship with the patient

INTERPRETING:

3 main reasoning patterns used by nurses; usually a combination of patterns

- Analytic – break down the situation into parts and examine the parts (critical thinking)
- Intuitive – rapid pattern recognition
- Narrative – knowing the patient's wants & needs

RESPONDING:

- Developing a plan of action
- Doing it

REFLECTING:

This is where clinical learning occurs & clinical wisdom develops

- Analytic - breakdown a situation to identify where things went wrong
- Narrative – telling the story of the situation to other nurses and gaining input

LASATER'S CLINICAL JUDGMENT RUBRIC:

Found in article at:

[http://www.oclbcp.org/Documents/Simulation%
20articles/lasiter.pdf](http://www.oclbcp.org/Documents/Simulation%20articles/lasiter.pdf)

VIEW CLINICAL LAB SIMULATION

Success in Nursing Program

Learning Activity Plan

Unit 12: Nursing program policies – what to do when the unexpected occurs

Learning outcome:

Participants will be able to:

- Identify the correct student action, according to the nursing program policies, in several common student situations.

Learning activity:

- Social interaction
- In small groups – students will look up the program policies for the example situation they have been given
- In the larger group – one person from each small group will inform the larger group of the program policy

Time for learning activity:

- Social interaction – 15 minutes
- Small groups – 25 minutes
- Large group – 15 minutes

Time for debriefing: 5 minutes

Resources needed:

- Class room laptops
- Copies of example situations

You know you will miss an exam because you have your citizenship test at the same time. What should you do?

The day of an exam is the coldest day of the winter and your car will not start. What should you do?

You would like to ask for an exception to a program policy. How do you do that?

You failed to pass a class by two points and need to repeat the class. How do you do that?

You have been late to clinical two times already this semester. What will happen if you are late again?

You need to take a semester off from school to take care of a sick family member. What is the policy around this?

You needed to pick-up some shifts at work recently to pay some bills, and because of limited time, you decide to copy someone's assignment – just this one time! What will happen if you are found guilty of cheating?

Success in Nursing Program

Learning Activity Plan

Unit 13: The basics of writing assignments in nursing

Learning outcome:

Participants will be able to:

- Describe the process of writing papers
- Analyze a sample paper using the Student Paper Evaluation Tool

Learning activity:

- Social interaction
- Micro-lecture
- In small groups, students will use the evaluation tool to analyze a sample paper

Time for learning activity:

- Social interaction – 15 minutes
- Small groups – 40 minutes

Time for debriefing: 5 minutes

Resources needed:

- PowerPoint
- Evaluation tool
- Sample paper

Unit 13: The basics of writing assignments in nursing

Written by Kathleen McCullough-Zander, MA, RN, CTN

Professional writing in nursing

- Clinical documentation – descriptive
- Papers – analysis and synthesis of knowledge from the literature applied to a specific situation or problem in nursing

Paper writing process:

- Identify the nursing issue or problem to be solved
- Analyze & synthesize the literature on the issue
- Clarify the thesis (what you think is the solution to the problem, or what should be done with the issue)
- Outline the paper content – make your argument or proposal

Accessing the literature

- Demonstration of using CINAL in college library data base

APA

- Demonstration of locating APA resources online
- Structure of papers in APA – cover page, introduction, body of paper, conclusion
- Where to get assistance with APA and grammar on campus

Student Paper Evaluation Tool

Paper	Notes
Elements of Grammar	
• Subject-verb agreement?	
• Correct sentence structure? (no fragments or run-on sentences)	
• Spelling errors?	
• Punctuation errors?	
• Use of correct pronoun? (he, she , they)	
• Use of correct pronoun – agreement (he does, they do)	
APA	
• Correct title page?	
• Correct use of headings?	
• Correct in-text citations?	
• Correct reference list?	
• Correct margins, page headers and spacing?	
Paper content	
• Is there an introduction to the issue or problem?	
• Can you identify the issue or problem?	
• Can you identify the thesis statement?	
• Is it easy to understand the ideas?	
• Is there a logical flow to the ideas through the paper?	
• Is there a conclusion?	

A. Student

Minnesota Transgender Health Coalition

5/13/2000

The Minnesota Transgender Health Coalition (MTHC) operates out of a tiny shared space behind a coffee shop at 3405 Chicago Avenue in south Minneapolis. The mission of the MTHC is “to improving health care access and the quality of health care received by Trans and gender non-conforming people through education, resources, and advocacy.” (<http://www.mntranshealth.org>) The MTHC was started in 2002 although they didn’t have a formal location until 2009. Before that it was meeting at member’s households and coffee shops and its focuses were on assisting transgender folk’s access to health services including navigating public assistance, and directly approaching health care organizations to train staff on how to respectfully engage and serve the transgender community. The organization still does that but now with its office it can hold meetings with the both the transgender community and the health care community at its own location. In addition to its teaching focus the addition of a physical space allowed for the creating of a shot clinic for trans folks using IM hormone therapy to come and get there shots done for them free of charge and learn how to safely inject hormones themselves, obtain sterile equipment and dispose of dirty equipment.

Let me focus for a moment on an additional service that MTHC provides as it was this service that was my original interest for a volunteer project this semester. After effectively operating a shot clinic/ needle exchange they decided to broaden their services and provide a needle exchange program for IV drug users as well. While this is not the focus of the MTHC it was my main interest and for this project I wanted to use IV drug users as my community to write about for this paper. The Minnesota Aids Project (MAP) operates the most accessible needle exchange programs in the area, however they are very well funded have a large volunteer pool and did not need additional volunteers until this summer. I will be starting to do

volunteer needle exchange/ harm reduction work with MAP up in Duluth over the summer. Anyway MAP referred me to MTHC as an alternative needle exchange and they seem to accept all volunteers all the time (yes!). At the MTHC an IV drug user can come and get everything they need to inject drugs (except the drugs themselves) additionally they can get a crack kit. I had not considered it before but there is a high occurrence of hepatitis infection amongst crack users and it spreads easy when smokers share a pipe that is so hot it causes burns on the smoker's mouth. In the crack kit there is an insulated mouth piece that prevents burns and thus reduces greatly the spread of disease. I thought that was a simple, cheap and effective harm reduction tool. I did not have any clients in need of such services while I was there but I did give out needle and syringes to one recreational IV drug user. The MTHC as recently lost is Minnesota Department of health (MHD) funding and as a result can only give out a limited amount of paraphernalia. The recreational drug user can only get 10 needles and syringes a week and a log is kept under a fake name so as to not incriminate the user. A serious drug user will need to assess other exchanges (such as MAP) to ensure a new rig is used every time. MTHC provides such users with information on how to connect with other exchanges and a list of pharmacy's that will sell syringes without a prescription. Transgender folks taking hormones typically only have two – four injections per month and as this is the primary community the organizations serves supplies are reserved for these people. Nobody at MTHC is happy about this limiting factor but they must be frugal until they are reapproved with the MDH. The agency also provides designated sharps containers and disposes of full ones for drug users. I thought I had a good idea of saving them money when I suggested that they tell clients to use old laundry detergent cartons as we are taught to encourage patients who need to use needles in nursing

school. I learned that the real sharps containers have two profound advantages. First of all it is lockable making a dirty needle much harder to access in a pinch thus potential preventing infection and second and most importantly to be able to open a designated sharps container police need a warrant so a drug user cannot be arrested for responsibly disposing of needles as they could be when using a detergent jug.

I enjoyed my short time working with MTHC and will continue to volunteer with them for their shot clinic hours on Fridays. I have not been given the green light on administering shots yet as none of my volunteer hours happened to coincide with the volunteer coordinator who checks people off when they demonstrate skills and knowledge necessary to provide shots. I have provided assistance with giving out supplies and I gave a couple of very basic demonstrations on how to administer your own shots to the deltoid to a couple of young men taking T or testosterone. On my orientation I was told I could practice giving shots of T to a couple of workers in the coffee shop, and embarrassingly enough I told them that I didn't think shooting tea into ones muscle was a good idea especial since I was already confident of my IM abilities. No one made too much fun of me. A lot of my time with MTHC was just hanging out (I also cleaned the bathroom and shot closet once) as there limited hours making their shot clinic is not that assessable but honestly I think a huge part of how this organization helps the trans-community is just by being there and providing a space, though a tiny one where transgender folks are supported comforted and served. The two other organizations that share The Exchange with MTHC as also focused on serving the transgender community, one is politically focused and the other on the arts. The people who volunteer there regularly are very dedicated and caring individuals, when all of the paid positions disappeared with the state

funding people kept coming to work. Also the coffee shop in front is also a designated gender safe place and a gathering place for both the transgender and queer community's in Minneapolis, I did feel like I was a service to the community and I plan on continuing this service, I was mostly of service by offering of self. I the future may to have the opportunity to use their educational services when I a working as a nurse within a larger institution as many fail to treat transgender folks with the respect they need. The Trans community is one that is often horribly judged, my service was mostly that of being an ally, treating these people as they want to be treated. Most people whom are transgender feel that their true self is the one they need to become through dressing, hormone replacement therapy, and sometimes surgery. My position is that it's not any of my or anyone else's business telling other human beings who they are supposed to be. Little things I can take away from the experience that I take away from this experience to my hospital nursing career are that it is always ok to ask someone what their preferred pronoun is. Also, if you have a med to pass to a patient named John but there is a beautiful woman in the hospital bed, don't walk away saying you got the wrong room, ask her if her legal name is John and see if there is something else she would rather be called and write it on the board.

Success in Nursing Program

Learning Activity Plan

Unit 14: The role of women in positions of power in nursing

Learning outcome:

Participants will be able to:

- Recognize gender roles in the culture of origin and reflect on the impact of this in the workplace.

Learning activity:

- Social interaction
- Think-Pair-Share activity on gender roles. Participants will be asked to think about whether men or women (or either) are generally in positions of power in the participants' culture of origin. Participants will then pair with another person to discuss two case studies regarding power in the workplace.

Time for learning activity:

- Social interaction – 15 minutes
- Think-Pair-Share – 30 minutes

Time for debriefing: 15 minutes

Resources needed:

- Paper copies of the case studies

Think-Pair-Share Activity
Unit 14

- Think about whether men or women (or either) are generally in positions of power in your culture of origin.

Example: Is it always male physicians who give orders to female nurses?

- Pair-up with another students and discuss your ideas about the following two situations:

1. A female nursing graduate from MCTC has been working in a long-term care facility for a year now. This nurse's work has been exceptional and her supervisors would like her to assume a position with more supervision over other nurses and staff. The nurse is concerned because some of the staff and other nurses who would now be supervised by her are males from her country of origin.

- How should this nurse deal with this situation?
- What skills are needed by this nurse to be successful in the new position?

2. A newly graduated male nurse from MCTC has been working on an orthopedic floor of a local hospital for 8 months. Being new to the workplace, the nurse anticipated a large learning curve in becoming a competent practicing nurse. What the nurse did not expect was how it sometimes bothered him that his performance was always being analyzed by women. He wonders if things would be different if his supervisor was a male nurse.

- How should this nurse deal with this situation?
- What skills are needed by this nurse to be successful in this position?

Success in Nursing Program

Learning Activity Plan

Unit 15: Incivility, prejudice & racism – what is a student to do?

Learning outcome:

Participants will be able to:

- Identify examples of subtle racism in education or healthcare
- List two strategies to utilize when encountering incivility, prejudice or racism

Learning activity:

- Social interaction
- Micro-lecture
- Participants will be asked to recall any experiences of incivility, prejudice or racism and write a brief description of the incident. The anonymous descriptions will be collected.
- Large group discussion of strategies to deal with the experiences that students have described.

Time for learning activity:

- Social interaction – 15 minutes
- Micro lecture – 15 minutes
- Writing description of experiences – 10 minutes
- Discussion of strategies to deal with incivility, prejudice and racism – 20 minutes

Time for debriefing: part of the large group discussion

Resources needed:

- Micro-lecture
- Paper & pens (extras)
- Handout of article by Wilby

Wilby, M. L. ((2009). When the world is white. *International Journal for Caring*, 13(4), 57-61.

Unit 15: Incivility, prejudice & racism – what is a student to do?

WRITTEN BY KATHLEEN MCCULLOUGH-ZANDER, MA, RN, CTN

Incivility:

- ▶ Rude, disruptive, intimidating or hostile behavior
- ▶ Incivility is thought to be increasing in frequency in health care
- ▶ Results in psychological and physiological distress

Prejudice:

- ▶ Preconceived ideas not based on reason or actual experience
- ▶ Often applied to groups of people
Underlying idea that one group of people is “better than” others

Racism:

- ▶ Non-equal treatment in society due to color or racial group
- ▶ Idea that European-Americans are superior
- ▶ Can be subtle or direct and violent
- ▶ Life long effects physically, mentally and spiritually
- ▶

Basic concept is power



- ▶ *Those at the center of society with the power do not want to share it with those on the margins*
- ▶ *Power = money*

Subtle racism in nursing



- ▶ Invisible to most white nurses
- ▶ Due to nursing being based on European-American culture
- ▶ All nurses need to become aware of this
- ▶ Code of Nursing Ethics prohibits incivility, prejudice and racism.
- ▶ Caring as the basis of nursing